

Commonwealth of Massachusetts  
Department of the State Treasurer  
Alcoholic Beverages Control Commission  
239 Causeway Street  
Boston, MA 02114  
Telephone: (617) 727-3040  
Fax: (617) 727-1258

Timothy P. Cahill  
Treasurer and Receiver General

Eddie J. Jenkins  
Chairman

STORAGE PERMITS FOR PUBLIC WAREHOUSEMAN  
PROCEDURES FOR APPLYING FOR OR RENEWING A PERMIT

Enclosed application is to be completed when applying for or renewing your Warehouseman's Permit, under M.G.L. Chapter 138, Section 20A.

**IMPORTANT - PAYMENT AND MAILING PROCEDURES**

**ALL APPLICANTS MUST COMPLETE THE ENCLOSED MONETARY TRANSMITTAL FORM, ATTACH YOUR PAYMENT AND APPLICATION TO THE TRANSMITTAL FORM AND MAIL TO:**

**ALCOHOLIC BEVERAGES CONTROL COMMISSION  
POST OFFICE BOX 3396  
BOSTON, MA 02241-3396**

The following must accompany your application:

**1. ARTICLES OF ORGANIZATION:**

**New Applicants** - If applicant is a corporation, copy of approved Articles of Organization issued by the Secretary of State of Massachusetts.

**Renewal Applicants** - need only submit a copy of amended Articles of Organization if there are changes in the document currently on file with this Commission.

**2. PERMIT FEE:** \$500.00 (payable to the Commonwealth of Massachusetts).

**3. FOOD AND DRUG ADMINISTRATION REGISTRATION:**

Please provide the date of registration and number or receipt number of registration filed with the Food and Drug Administration in question 4a of the application in compliance with the ***Public Health Security and Bioterrorism Preparedness and Response Act of 2002***.

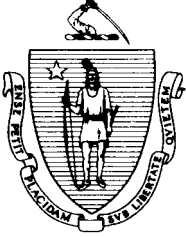
**4. TAX ATTESTATION:**

Please make sure that the tax attestation on the back of the application is completed and signed.

**RENEWAL APPLICATIONS MUST BE SUBMITTED BY NOVEMBER 30 OF EACH CALENDAR YEAR.**

WEBSITE ADDRESS: [www.mass.gov/abcc](http://www.mass.gov/abcc)

If you should need assistance on above procedures, please contact Theresa Strianese, (617) 727-3040 x 21.



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NO. W.S. \_\_\_\_\_

**APPLICATION FOR A WAREHOUSEMAN'S PERMIT  
TO STORE AND WAREHOUSE ALCOHOLIC BEVERAGES**  
(Under Section 20A of Chapter 138 of the General Laws, as amended)

The undersigned being the holder of a Warehouseman's License,  
issued under Section 1 of Chapter 105 of the General Laws, hereby  
applies for a permit to store and warehouse alcoholic beverages  
during the year 20\_\_\_\_.

1. APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

2. INDICATE: \_\_\_ Individual \_\_\_ Partnership \_\_\_ Corporation

3. DESCRIPTION OF PREMISES: (State every entrance and exit to the particular premises to  
be covered by the permit, including cellar bulkheads).

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4. Detailed description of the premises to be used for storage,  
(State number of rooms on each floor).

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4a. Have you registered with the Food and Drug Administration? \_\_\_\_\_

FDA Registration NO. \_\_\_\_\_ Date of Registration: \_\_\_\_\_

5. Business Telephone Number:\_\_\_\_\_

6. Is the premises located within 500 feet of a school or building devoted to divine worship such as a church or synagogue?

YES \_\_\_\_\_ NO \_\_\_\_\_

7. List name(s) and addresses for whom you intend to store alcoholic beverages.\* Please type or print.

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\*Note: Please inform the Commission in writing of any additions or deletions.

Pursuant to M.G.L.Ch.62C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature of Individual      Date

\_\_\_\_\_  
Federal Identification Number

\_\_\_\_\_  
Signature of Corporate Officer      Date

THE STATEMENTS IN THIS APPLICATION ARE MADE UNDER THE PENALTIES OF PERJURY.

BY \_\_\_\_\_  
Signature of Applicant      Date

**PERMIT FEE: \$500.00**

**Payable to the Commonwealth of Massachusetts**

**MONETARY TRANSMITTAL FORM 1**

THIS TRANSMITTAL MUST ACCOMPANY YOUR APPLICATION IN ORDER  
TO ASSURE PROPER CREDIT.

PLEASE DO NOT SEND CASH.

PLEASE MAKE YOUR CHECKS PAYABLE TO COMMONWEALTH OF MASSACHUSETTS, ABCC.

MAIL THIS TRANSMITTAL ALONG WITH YOUR CHECK AND COMPLETED APPLICATION TO:  
ALCOHOLIC BEVERAGES CONTROL COMMISSION  
POST OFFICE BOX 3396  
BOSTON, MA 02241-3396

***APPLICANT MUST COMPLETE THE FOLLOWING:***

NAME:		
ADDRESS:		
CITY/TOWN:	STATE:	ZIP CODE:
COUNTRY:	DATE:	

<u>LICENSE NAME</u>	<u>REV. CODE</u>	<u># OF PERMITS REQUESTED</u>	<u>FEE AMOUNT</u>	<u>TOTAL</u>
AIRLINE MASTER FOR SALE TO PASSENGERS	3094	_____	\$ 500.00	\$_____
AIRLINE (EACH FLIGHT)	3094	_____	\$ 50.00	\$_____
BROKERS	3007	_____	\$ 5000.00	\$_____
BONDED WAREHOUSE	3095	_____	\$ 1000.00	\$_____
SALESMAN	3011	_____	\$ 200.00	\$_____
TRANSP. FOR SALESMAN	3097	_____	\$ 150.00	\$_____
RAILROAD MASTER FOR SALE TO PASSENGERS	3009	_____	\$ 500.00	\$_____
RAILROAD (EACH RR CAR)	3009	_____	\$ 50.00	\$_____
STEAMSHIP	3010	_____	\$ 500.00	\$_____
SHIP CHANDLER	3099	_____	\$ 1000.00	\$_____
TRANSPORTATION & DELIVERY	3097	_____	\$ 150.00	\$_____
WAREHOUSEMAN	3095	_____	\$ 500.00	\$_____
PERMIT TO TRANSPORT NOT FOR CONSUMPTION				
RR, SHIP, OR AIRLINE	3097	_____	\$ 1500.00	\$_____

CHECK TOTAL                      \$\_\_\_\_\_